

P14000028718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

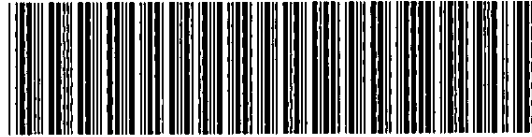
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/31/14--01002--016 \*\*128.75

2014 MAR 31 2:11:23  
TO AUTHORITY  
SUFFICIENT FILING

2014 MAR 31 AM 7:30

SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

# CT Corporation System

March 31, 2014

Secretary of State, Florida  
2661 Executive Circle Center  
Tallahassee FL 32301

Re: Order #: 9097808 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given



Dear Secretary of State, Florida :

Please obtain the following:

Designs For Health, Inc. (FL)  
Misc - Domestic Corporate Filing - Certificate of Domestication / Articles  
Florida

Designs For Health, Inc. (FL)  
Obtain Document - Misc - Certified Copy  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 . Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

## COVER LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Designs for Health, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status \$ 8.75

Brody Wilkinson PC Attn: Rita Scacchia

Name (printed or typed)

2507 Post Road

Address

Southport, CT 06890

City, State & Zip

203-319-7100

Daytime Telephone Number

scarruthers@designsforhealth.com

E-mail address: (to be used for future annual report notification)

# CERTIFICATE OF DOMESTICATION

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

The undersigned, Gail Lizotte, Secretary 2014 MAR 31 AM 7:30,  
(Name) (Title)

of Designs for Health, Inc. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was November 12, 1996.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Connecticut.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Designs for Health, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Designs for Health, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Connecticut.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Secretary, of Designs for Health, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 31 day of March, 2014.

Gail Lizotte  
(Authorized Signature)

## Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I NAME**

The name of the corporation shall be: Designs for Health, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address

15A Hargrove Grade, Palm Coast, FL 32137

Mailing address, if different: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2014 MAR 6 AM 7:30

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To engage in any act or activity for which corporations may be formed under the Florida Business Corporation Act.

### **ARTICLE IV SHARES**

The number of shares of stock is: 10,000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jonathan Lizotte - Chief Executive Officer

Name and Title: \_\_\_\_\_

Address: 87 Island Estates Parkway

Address: \_\_\_\_\_

Palm Coast, FL 32137

Name and Title: L. Philip Lizotte

Name and Title: \_\_\_\_\_

Address: President

Address: \_\_\_\_\_

394 Hadley Street

South Hadley, MA 01075

Name and Title: Gail Lizotte

Name and Title: \_\_\_\_\_

Address: Secretary

Address: \_\_\_\_\_

394 Hadley Street

South Hadley, MA 01075

(cont.)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: C T CORPORATION SYSTEM  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Gail Lizotte  
Address: 394 Hadley Street  
South Hadley, MA 01075

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

By: Connie Bryan Connie Bryan 03/ 31 /14  
Required Signature/Registered Agent, Assistant Secretary Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Phil Hittle 03/ 31 /14  
Required Signature/Incorporator Date

**ATTACHMENT TO  
ARTICLES OF INCORPORATION OF  
DESIGNS FOR HEALTH, INC.**

**ARTICLE VIII    LIMITATION OF LIABILITY & INDEMNIFICATION**

No director shall be personally liable for monetary damages to the corporation or any other person for any statement, vote, decision, or failure to act, regarding corporate management or policy, by a director, except as otherwise provided by the Florida Business Corporation Act.

To the extent the law permits, the Corporation shall indemnify each of its officers, directors, and employees, whether or not then in office, and his or her heirs and legal representatives, against all expenses, judgments, decrees, fines, penalties, or other amounts actually and reasonably incurred, in settlement of, or in connection with the defense of any pending or threatened action, suit, or proceeding, civil or criminal, to which he or she is or may be made a party by reason of having been a director, officer, or employee of the Corporation. Without limitation, the term "expenses" shall include all counsel fees, expert witness fees, court costs and any other costs of a similar nature. The Corporation shall not, however, indemnify any officer, director, or employee until the Board of Directors consisting of Directors who were not parties to such action, has determined, by majority vote at a meeting or by a written instrument signed by a majority of the directors who were not parties to such action, that the officer, director, or employee: (a) Was not grossly negligent in his or her duty to the Corporation, nor guilty of intentional misconduct in the performance of duties to the Corporation; (b) Acted in good faith in what he or she reasonably believed to be in the best interests of the Corporation; and (c) In any matter subject to criminal action, suit or proceeding, had no reasonable cause to believe that the conduct was unlawful.